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| <b>Case Number:</b>   | CM15-0086458 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 04/15/2003 |
| <b>Decision Date:</b> | 06/19/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female who sustained an industrial injury on 4/15/03. The injured worker was diagnosed as having reflex sympathetic dystrophy not otherwise specified, cervical post laminectomy syndrome C4-6, depressive disorder not elsewhere classified, contracted palmar fascia, and carpal tunnel syndrome status post repairs. Currently, the injured worker was with complaints of bilateral hand pain with associated numbness. Previous treatments included ice, oral pain medication. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for painful range of motion of ring finger, inability to flex hands, hands noted to be "burning, hot and red". The plan of care was for a cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cervical Epidural Injection Right C6-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8.

**Decision rationale:** The patient had recent MRI on 2/23/15 showing C4-6 ACDF, C3-4 spur complex with spinal stenosis, and C7-T1 small right foraminal disc protrusion with mild narrowing. Exam indicated findings of increased temperature with mottling, tenderness and allodynia with diagnosis of CRPS. Neurological exam could not be assessed due to symptom complaints. The patient was recently certified for diagnostic stellate ganglion block. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not established here. Submitted reports have not adequately demonstrated any significant pain relief or functional improvement from prior interventional treatment rendered. The Cervical Epidural Injection Right C6-T1 is not medically necessary and appropriate.